

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Oklahoma

Case number (If known): _____

Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13



Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Victor

First name

Manuel

Middle name

Ramirez Morales

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

Maria

First name

Elena

Middle name

Ramirez

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Victor

First name

Middle nameRamirez Morales

Last name

Victor

First name

M

Middle name

Ramirez Morales

Last name

Victory Remodeling

Business name (if applicable)

Business name (if applicable)

See continuation page.

Maria

First name

E

Middle name

Ramirez

Last name

Maria

First name

Elena

Middle name

Hinojosa Guzman

Last name

Victory Remodeling

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 0 5 3

OR

9xx - xx - ____ ____ ____ ____

xxx - xx - 7 0 3 3

OR

9xx - xx - ____ ____ ____ ____

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Your Employer Identification Number (EIN), if any.**

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

____ - ____ - ____ - ____ - ____ - ____
EIN

5. Where you live

24 SE 37th St
Number Street

Oklahoma City, OK 73129-2808
City State ZIP Code

Oklahoma
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

____ Street
Number

P.O. Box

____ State ZIP Code
City

If Debtor 2 lives at a different address:

____ Street
Number

____ State ZIP Code
City

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

____ Street
Number

P.O. Box

____ State ZIP Code
City

6. Why you are choosing this district to file for bankruptcy*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. **How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

☒ No.

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No.

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. **Do you rent your residence?**

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☐ No. Go to Part 4.
- ☒ Yes. Name and location of business

Victory Remodeling

Name of business, if any

24 SE 37th St

Number Street

Victor M. Ramirez Morales**Oklahoma City**

City

OK

State

73129

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
- ☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- ☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- ☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City State ZIP Code

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?☐ No. I am not filing under Chapter 7. Go to line 18.☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No
- ☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

18. How many creditors do you estimate that you owe?

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
- ☐ 50-99 ☐ 5,001-10,000
- ☐ 100-199 ☐ 10,001-25,000
- ☐ 200-999

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Victor Manuel Ramirez Morales

Victor Manuel Ramirez Morales, Debtor 1

Executed on 11/15/2023
MM/ DD/ YYYY**X** /s/ Maria Elena Ramirez

Maria Elena Ramirez, Debtor 2

Executed on 11/15/2023
MM/ DD/ YYYY

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Timothy L Wallace

Signature of Attorney for Debtor

Date 11/15/2023

MM / DD / YYYY

Timothy L Wallace

Printed name

Wallace Law Firm, P.C.

Firm name

1112 S.W. 59th Street

Number Street

Oklahoma City

City

OK

State

73109

ZIP Code

Contact phone (405) 688-4444Email address lawcenter@lawcenter.us18889

Bar number

OK

State

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Additional Items: Continuation Page

2. All other names you have used in the last 8 years (cont.)

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Victor	M	Ramirez
First name	Middle name	Last name
Maria	Elena	Hinojosa
First name	Middle name	Last name
Maria		Ramirez
First name	Middle name	Last name

12. Are you a sole proprietor of any full- or part-time business? (cont.)**Victory Remodeling**

Name of business, if any

24 SE 37th St

Number Street

Victor M. Ramirez Morales**Oklahoma City**

City

OK

State

73129

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☒ None of the above

Fill in this information to identify your case and this filing:

Debtor 1	Victor	Manuel	Ramirez Morales
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Oklahoma</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 **LOTS ELEVEN (11) AND TWELVE (12) IN BLOCK FORTY-FOUR (44)**

Street address, if available, or other description

24 SE 37th StOklahoma City, OK 73129-2808

City State ZIP Code

Oklahoma

County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

IN SHIELDS SOUTH OKLAHOMA CITY ADDITION TO OKLAHOMA CITY, OKLAHOMA ACCORDING TO THE RECORDED PLAT THEREOF

Source of Value: Oklahoma County Assessor

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$72,500.00

Current value of the portion you own?

\$72,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Homestead

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$72,500.00**Part 2:** Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
- ☒ Yes

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

- 3.1 Make: Honda Who has an interest in the property? Check one.
- Model: SIX ☐ Debtor 1 only
- Year: 2002 ☒ Debtor 2 only
- Approximate mileage: 106,000 ☐ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,775.00

Current value of the portion you own?

\$1,775.00

Maria Ramirez drives vehicle
VIN: 1HGEM22902L055990

If you own or have more than one, describe here:

- 3.2 Make: Chevrolet Who has an interest in the property? Check one.
- Model: Silverado ☐ Debtor 1 only
- Year: 2020 ☐ Debtor 2 only
- Approximate mileage: 98,294 ☒ Debtor 1 and Debtor 2 only
- Other information: ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$25,725.00

Current value of the portion you own?

\$25,725.00

Victor Ramirez drives this vehicle
VIN: 3GCPWBEH3LG185152

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

- 4.1 Make: _____ Who has an interest in the property? Check one.
- Model: _____ ☐ Debtor 1 only
- Year: _____ ☐ Debtor 2 only
- Other information: ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$27,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.

See Attached.

\$1,150.00

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.

See Attached.

\$800.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.

AR-15

\$200.00**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.

Men's clothing

Women's clothing

\$600.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.

See Attached.

\$111.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here



\$2,861.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes Cash: **\$200.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes Institution name:

17.1. Checking account: MidFirst Bank **\$710.99**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes Institution or issuer name:

_____	_____
_____	_____
_____	_____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

_____	_____
_____	_____
_____	_____

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: _____

Pension plan: _____

IRA: _____

Retirement account: _____

Keogh: _____

Additional account: _____

Additional account: _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes Institution name or individual:

Electric: _____

Gas: _____

Heating oil: _____

Security deposit on rental unit: _____

Prepaid rent: _____

Telephone: _____

Water: _____

Rented furniture: _____

Other: _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes Issuer name and description:

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	_____
_____	_____
_____	_____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here****\$910.99****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. **Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe.39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.41. **Inventory**☒ No☐ Yes. Describe.42. **Interests in partnerships or joint ventures**☒ No☐ Yes. Describe

Name of entity:

% of ownership:

43. **Customer lists, mailing lists, or other compilations**☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

44. Any business-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

**\$0.00****Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
- ☐ Yes

--

48. Crops—either growing or harvested

- ☒ No
- ☐ Yes. Give specific information.

--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
- ☐ Yes

--

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
- ☐ Yes

--

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
- ☐ Yes. Give specific information.

--

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$72,500.00

56. Part 2: Total vehicles, line 5 \$27,500.00

57. Part 3: Total personal and household items, line 15 \$2,861.00

58. Part 4: Total financial assets, line 36 \$910.99

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61.

\$31,271.99

Copy personal property total →

+ \$31,271.99

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$103,771.99

Debtor Ramirez Morales, Victor Manuel; Ramirez, Maria Elena

Case number (if known) _____

Continuation Page

6.	Household goods and furnishings	
	<u>Bedroom Furniture</u>	<u>\$500.00</u>
	<u>Dining Room Furniture</u>	<u>\$50.00</u>
	<u>Living Room Furniture</u>	<u>\$600.00</u>
7.	Electronics	
	<u>Appliances</u>	<u>\$500.00</u>
	<u>Laptop</u>	<u>\$100.00</u>
	<u>Televisions</u>	<u>\$200.00</u>
12.	Jewelry	
	<u>Cosmetic Jewelry</u>	<u>\$10.00</u>
	<u>Cosmetic ring</u>	<u>\$1.00</u>
	<u>Wedding Bands (2)</u>	<u>\$100.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: LOTS ELEVEN (11) AND TWELVE (12) IN BLOCK FORTY-FOUR (44) <u>24 SE 37th St Oklahoma City, OK 73129-2808</u>	<u>\$72,500.00</u>	<input checked="" type="checkbox"/> <u>\$64,470.97</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 §§ 1(A)(1), (2) _____ _____ _____
Line from Schedule A/B: <u>1.1</u>			
Brief description: 2002 Honda SIX <u>VIN: 1HGEM22902L055990 Maria Ramirez drives vehicle</u>	<u>\$1,775.00</u>	<input checked="" type="checkbox"/> <u>\$7,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(13) _____ _____ _____
Line from Schedule A/B: <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**

First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2020 Chevrolet Silverado VIN: 3GCPWBEH3LG185152 Victor Ramirez drives this vehicle Line from Schedule A/B: <u>3.2</u>	<u>\$25,725.00</u>	<input checked="" type="checkbox"/> <u>\$7,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(13) _____ _____
Brief description: Living Room Furniture Line from Schedule A/B: <u>6</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3) _____ _____
Brief description: Dining Room Furniture Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3) _____ _____
Brief description: Bedroom Furniture Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3) _____ _____
Brief description: Televisions Line from Schedule A/B: <u>7</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3) _____ _____
Brief description: Appliances Line from Schedule A/B: <u>7</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3) _____ _____
Brief description: Laptop Line from Schedule A/B: <u>7</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(3) _____ _____
Brief description: AR-15 Line from Schedule A/B: <u>10</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(14) _____ _____

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: Men's clothing Line from Schedule A/B: <u>11</u>	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(7)
Brief description: Women's clothing Line from Schedule A/B: <u>11</u>	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(7)
Brief description: Wedding Bands (2) Line from Schedule A/B: <u>12</u>	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 § 1(A)(8)
Brief description: Cash Line from Schedule A/B: <u>16</u>	\$200.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 §§ 1(A)(18), 1.1
Brief description: MidFirst Bank Checking account Line from Schedule A/B: <u>17</u>	\$710.99	<input checked="" type="checkbox"/> \$533.24 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Okla. Stat. tit. 31 §§ 1(A)(18), 1.1

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Oklahoma</u>			
Case number (if known) <u></u>			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion

If any

<p>2.1 Carrington Mortgage Services, Inc</p> <p>Creditor's Name</p> <p><u>PO Box BOX 5001</u></p> <p>Number Street</p> <p><u>Westfield, IN 46074</u></p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>08/27/1999</u> Last 4 digits of account number <u>0 3 7 2</u></p>	<p>Describe the property that secures the claim: <u>\$8,029.03</u></p> <p><u>LOTS ELEVEN (11) AND TWELVE (12) IN BLOCK FORTY-FOUR (44)</u> <u>24 SE 37th St Oklahoma City, OK 73129-2808</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) <u></u></p>	<p><u>\$72,500.00</u></p>	<p><u>\$0.00</u></p>
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Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,029.03

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 1: Additional Page		Column A	Column B	Column C	
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
<u>2.2</u>	<p>Santander Consumer USA</p> <p>Creditor's Name</p> <p>PO Box BOX 961288</p> <p>Number Street</p> <p>Fort Worth, TX 76161</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>07/15/2023</u> Last 4 digits of account number _____</p> <p>Remarks: Auto Loan</p>	<p>Describe the property that secures the claim:</p> <p>2020 Chevrolet Silverado</p> <p>Victor Ramirez drives this vehicle</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>	\$32,821.00	\$25,725.00	\$7,096.00
Add the dollar value of your entries in Column A on this page. Write that number here:		\$32,821.00			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$40,850.03			

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount
2.2	<u>Oklahoma Tax Commission</u> Priority Creditor's Name <u>General Counsel's Office</u> <u>2501 N Lincoln Blvd</u> Number Street <u>Oklahoma City, OK 73105-4508</u> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,135.49</u>	<u>\$2,135.49</u>	<u>\$0.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.1	<u>BANK OF AMERICA</u>	Last 4 digits of account number	<u>7 4 3 5</u>	<u>\$3,504.00</u>
	Nonpriority Creditor's Name	When was the debt incurred? <u>11/21/2017</u>		
	<u>PO BOX 982238</u>			
	Number Street			
	<u>EL PASO, TX 79998</u>			
	City State ZIP Code			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.2	<u>BBY/CBNA</u>	Last 4 digits of account number	<u>5 6 0 9</u>	<u>\$5.00</u>
	Nonpriority Creditor's Name	When was the debt incurred? <u>2/14/2016</u>		
	<u>PO BOX 6497</u>			
	Number Street			
	<u>SIOUX FALLS, SD 57117</u>			
	City State ZIP Code			
	As of the date you file, the claim is: Check all that apply.			
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>			
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.3	CAC FINANIAL CORP Nonpriority Creditor's Name <u>2601 NW EXPWY</u> Number Street <u>OKLAHOMA CITY, OK 73112</u> City State ZIP Code	Last 4 digits of account number <u>7 4 0 8</u> When was the debt incurred? <u>8/22/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u>		<u>\$6,124.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.4	CAPITAL ONE Nonpriority Creditor's Name <u>PO BOX 31293</u> Number Street <u>SALT LAKE CITY, UT 84131</u> City State ZIP Code	Last 4 digits of account number <u>8 6 3 3</u> When was the debt incurred? <u>9/17/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		<u>\$347.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____
 Debtor 2 Maria Elena Ramirez
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.5	COMENITYBANK/VICTORIA Nonpriority Creditor's Name <u>PO BOX 182789</u> Number Street <u>COLUMBUS, OH 43218</u> City State ZIP Code	Last 4 digits of account number <u>1 8 9 0</u> When was the debt incurred? <u>7/4/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$549.00
4.6	COMENITYCAPITAL/BOOTBN Nonpriority Creditor's Name <u>PO BOX 182120</u> Number Street <u>COLUMBUS, OH 43218</u> City State ZIP Code	Last 4 digits of account number <u>0 1 5 0</u> When was the debt incurred? <u>7/19/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$778.00
4.7	Diagnostic Laboratory of Oklahoma Nonpriority Creditor's Name <u>PO Box BOX 7306</u> Number Street <u>Hollister, MO 65673</u> City State ZIP Code	Last 4 digits of account number <u>9 3 3 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.8	Digestive Disease Specialists, Inc Nonpriority Creditor's Name <u>PO Box BOX 7316</u> Number Street <u>Edmond, OK 73083</u> City State ZIP Code	Last 4 digits of account number <u>7 6 5 9</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>		<u>unknown</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9	FORD MOTOR CREDIT COMP Nonpriority Creditor's Name <u>PO BOX 542000</u> Number Street <u>OMAHA, NE 68154</u> City State ZIP Code	Last 4 digits of account number <u>8 2 4 5</u> When was the debt incurred? <u>1/29/2020</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>AutoLoan</u>		<u>\$17,925.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.10	FREEDOM ROAD FINANCIAL Nonpriority Creditor's Name <u>10509 PROFESSIONAL CIR S</u> Number Street <u>RENO, NV 89521</u> City State ZIP Code	Last 4 digits of account number <u>X X X X</u> When was the debt incurred? <u>9/8/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>RecreationalMerchandise</u>		<u>\$1,648.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>	Case number (if known) _____
Debtor 2	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	<u>Integris Health Southwest Medical Center</u> Nonpriority Creditor's Name <u>4401 S. Western Ave</u> Number Street _____ <u>Oklahoma City, OK 73109</u> City State ZIP Code	Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	<u>unknown</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	<u>LVNV FUNDING LLC</u> Nonpriority Creditor's Name <u>PO BOX 1269</u> Number Street _____ <u>GREENVILLE, SC 29602</u> City State ZIP Code	Last 4 digits of account number <u>9</u> <u>3</u> <u>0</u> <u>3</u> When was the debt incurred? <u>2/18/2022</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$1,724.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.13	<u>LVNV FUNDING LLC</u> Nonpriority Creditor's Name <u>PO BOX 1269</u> Number Street _____ <u>GREENVILLE, SC 29602</u> City State ZIP Code	Last 4 digits of account number <u>0</u> <u>7</u> <u>9</u> <u>1</u> When was the debt incurred? <u>1/27/2023</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>	<u>\$435.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.14 Mercy Oklahoma Last 4 digits of account number _____ unknown

Nonpriority Creditor's Name

PO Box BOX 2580

Number Street

Springfield, MO 65801

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Bill

4.15 MIDLAND CREDIT MANAGEM Last 4 digits of account number 9 2 1 3 \$1,458.00

Nonpriority Creditor's Name

320 E BIG BEAVER RD STE

Number Street

TROY, MI 48083

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

1/28/2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify FactoringCompanyAccount

4.16 Northwest Medical Center Last 4 digits of account number _____ unknown

Nonpriority Creditor's Name

609 W Maple Ave

Number Street

Springdale, AR 72764

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred?

11/25/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Medical Bill

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____

Debtor 2 Maria Elena Ramirez

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	<p>OU Health Physicians</p> <p>Nonpriority Creditor's Name</p> <p>P.O. Box 248982</p> <p>Number Street</p> <p>Oklahoma City, OK 73124</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	unknown
4.18	<p>PARAMOUNT RECOVERY S</p> <p>Nonpriority Creditor's Name</p> <p>7524 BOSQUE BLVD</p> <p>Number Street</p> <p>WACO, TX 76712</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 3 4 6</u></p> <p>When was the debt incurred? <u>6/1/2022</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	\$1,086.00
4.19	<p>Regional Medical Laboratory</p> <p>Nonpriority Creditor's Name</p> <p>93330 E 41st Street</p> <p>Number Street</p> <p>Tulsa, OK 74145</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 8 8 9</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	unknown

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>	Case number (if known) _____
Debtor 2	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.20	SSM St. Anthony Hospital	Last 4 digits of account number	_____	unknown
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Nonpriority Creditor's Name

When was the debt incurred?

1000 N Lee Ave

Number Street

As of the date you file, the claim is: Check all that apply.

Oklahoma City, OK 73102

City State ZIP Code

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bill

Is the claim subject to offset?

☒ No☐ Yes

4.21	TRUE SKY CU FKA FAA CU	Last 4 digits of account number	<u>0 2 0 1</u>	\$4,352.00
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Nonpriority Creditor's Name

When was the debt incurred?

10201 S WESTERN AVE

Number Street

As of the date you file, the claim is: Check all that apply.

Oklahoma City, OK 73139

City State ZIP Code

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify AutoLoan

Is the claim subject to offset?

☒ No☐ Yes

4.22	TRUE SKY CU FKA FAA CU	Last 4 digits of account number	<u>3 8 0 0</u>	\$2,772.00
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Nonpriority Creditor's Name

When was the debt incurred?

10201 S WESTERN AVE

Number Street

As of the date you file, the claim is: Check all that apply.

Oklahoma City, OK 73139

City State ZIP Code

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1 Victor Manuel Ramirez Morales Case number (if known) _____
 Debtor 2 Maria Elena Ramirez
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.23	TRUE SKY CU FKA FAA CU Nonpriority Creditor's Name 10201 S WESTERN AVE Number Street Oklahoma City, OK 73139 City State ZIP Code	Last 4 digits of account number <u>0 2 0 3</u> When was the debt incurred? <u>7/26/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<u>\$2,527.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>AutoLoan</u>		
4.24	U S EMP OC FCU Nonpriority Creditor's Name 4301 S INTERSTATE 44 SER Number Street OKLAHOMA CITY, OK 73119 City State ZIP Code	Last 4 digits of account number <u>X X X X</u> When was the debt incurred? <u>8/7/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<u>\$4,242.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>		

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>	Case number (if known) _____
Debtor 2	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$2,606.68
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$2,606.68
		Total claim	
Total claims from Part 2	6f. Student loans	6f.	\$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$49,476.00
	6j. Total. Add lines 6f through 6i.	6j.	\$49,476.00

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u></u> Name <u></u> Number Street <u></u> City State ZIP Code	
2.2	<u></u> Name <u></u> Number Street <u></u> City State ZIP Code	
2.3	<u></u> Name <u></u> Number Street <u></u> City State ZIP Code	
2.4	<u></u> Name <u></u> Number Street <u></u> City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Victor	Manuel	Ramirez Morales
	First Name	Middle Name	Last Name
Debtor 2	Maria	Elena	Ramirez
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ Western _____ District of _____ Oklahoma _____			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there? 1 year 10 months

Debtor 1

☒ Employed ☐ Not EmployedCase & Associates Properties Inc4200 East S Kelly Drive 800
Number StreetTulsa, OK 74135

City State Zip Code

Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedKellermeyer Bergensons Services LLC3605 Ocean Ranch Blvd 200
Number StreetOceanside, CA 92056

City State Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \$4,476.51 \$1,987.71

3. Estimate and list monthly overtime pay.

3. + \$555.84 + \$32.02

4. Calculate gross income. Add line 2 + line 3.

4. \$5,032.35 \$2,019.73

Debtor 1 Victor Manuel Ramirez Morales
 Debtor 2 Maria Elena Ramirez
 First Name Middle Name Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4. \$5,032.35	\$2,019.73
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$559.21	\$212.08
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$453.26	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: See additional page	5h. + \$0.00	+ \$263.07
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$1,012.48	\$475.16
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$4,019.88	\$1,544.57
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$4,019.88	\$1,544.57
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$5,564.45	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Combined
monthly income

Debtor 1
Debtor 2

Victor
Maria
First Name

Manuel
Elena
Middle Name

Ramirez Morales
Ramirez
Last Name

Case number (if known) _____

		Amount
5h. Other Deductions For Debtor 2 or non-filing spouse		
Garnishment		\$55.11
Creditor Garnishment		\$136.76
Other Involuntary deduction		\$71.20

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child16☐ No. ☒ Yes.Child14☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$383.92

If not included in line 4:

4a. Real estate taxes

4a. \$47.25

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$212.86

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

		Your expenses	
5.	Additional mortgage payments for your residence , such as home equity loans	5.	_____ \$0.00
6.	Utilities:		
6a.	Electricity, heat, natural gas	6a.	_____ \$425.00
6b.	Water, sewer, garbage collection	6b.	_____ \$200.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	_____ \$182.00
6d.	Other. Specify: _____	6d.	_____ \$0.00
7.	Food and housekeeping supplies	7.	_____ \$1,213.00
8.	Childcare and children's education costs	8.	_____ \$200.00
9.	Clothing, laundry, and dry cleaning	9.	_____ \$252.00
10.	Personal care products and services	10.	_____ \$97.00
11.	Medical and dental expenses	11.	_____ \$316.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	_____ \$484.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____ \$100.00
14.	Charitable contributions and religious donations	14.	_____ \$0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	_____ \$0.00
15b.	Health insurance	15b.	_____ \$0.00
15c.	Vehicle insurance	15c.	_____ \$115.00
15d.	Other insurance. Specify: _____	15d.	_____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____ \$0.00
17.	Installment or lease payments:		
17a.	Car payments for Vehicle 1 <u>2020 Chevrolet Silverado</u>	17a.	_____ \$805.00
17b.	Car payments for Vehicle 2	17b.	_____ \$0.00
17c.	Other. Specify: _____	17c.	_____ \$0.00
17d.	Other. Specify: _____	17d.	_____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19.	_____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a.	Mortgages on other property	20a.	_____ \$0.00
20b.	Real estate taxes	20b.	_____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c.	_____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	_____ \$0.00
20e.	Homeowner's association or condominium dues	20e.	_____ \$0.00

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

21. **Other.** Specify: Miscellaneous21. **+** \$431.00**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$5,464.03

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$5,464.03**23. Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. \$5,564.45

23b. Copy your monthly expenses from line 22c above.

23b. -\$5,464.03

23c. Subtract your monthly expenses from your monthly income.

23c. \$100.42The result is your *monthly net income*.**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$72,500.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$31,271.99</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$103,771.99</u>

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$40,850.03</u>
---	--------------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$2,606.68</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$49,476.00</u>

Your total liabilities

<u>\$92,932.71</u>

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$5,564.45</u>
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$5,464.03</u>
---	-------------------

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.\$7,453.07**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$2,606.68</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$2,606.68</u>

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Victor Manuel Ramirez Morales
Victor Manuel Ramirez Morales, Debtor 1

X /s/ Maria Elena Ramirez
Maria Elena Ramirez, Debtor 2

Date 11/15/2023
MM/ DD/ YYYY

Date 11/15/2023
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
<input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____	<input type="checkbox"/> Same as Debtor 1 _____ Number Street _____ City State ZIP Code	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$36,779.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$19,571.00
For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,930.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,930.00
For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,263.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$3,263.00

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☒ No☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:				
For last calendar year: (January 1 to December 31, <u>2022</u>) YYYY				
For the calendar year before that: (January 1 to December 31, <u>2021</u>) YYYY				

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>Carrington Mortgage Services, Inc</u> Creditor's Name	<u>11/01/2023</u>	<u>\$1,151.76</u>	<u>\$8,029.03</u>	<input checked="" type="checkbox"/> Mortgage
<u>PO Box BOX 5001</u> Number Street	<u>10/01/2023</u>			<input type="checkbox"/> Car
<u>Westfield, IN 46074</u> City State ZIP Code	<u>09/01/2023</u>			<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
<u>Santander Consumer USA</u> Creditor's Name	<u>10/29/2023</u>	<u>\$2,415.00</u>	<u>\$32,821.00</u>	<input type="checkbox"/> Mortgage
<u>09/29/2023</u>				<input checked="" type="checkbox"/> Car
<u>08/29/2023</u>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**
 First Name Middle Name Last Name Case number (if known) _____

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title Ford Motor Credit Company LLC, v. Ramirez, Maria, Ramirez, Ramirez, Victor	Default Judgement	
Case number CJ-2022-2257	Oklahoma County District Court Court Name 321 Park Ave. Number _____ Street _____ Oklahoma City, OK 73102 City _____ State _____ ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**

First Name

Middle Name

Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person**Describe the gifts****Dates you gave the gifts****Value**

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?☒ No☐ Yes. Fill in the details for each gift or contribution.**Gifts or contributions to charities that total more than \$600****Describe what you contributed****Date you contributed****Value**

Charity's Name

Number Street

City State ZIP Code

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.**Describe the property you lost and how the loss occurred****Describe any insurance coverage for the loss****Date of your loss****Value of property lost**Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Last Name

Case number (if known)

Part 7:

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

<u>Wallace Law Firm, P.C.</u> Person Who Was Paid <u>1112 S.W. 59th Street</u> Number Street <u>Oklahoma City, OK 73109</u> City State ZIP Code Email or website address <u>Victor Manual Ramirez Morales</u> Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Attorney's Fee	<u>8/17/2022</u>	<u>\$1,262.00</u>
<u>Western District of Oklahoma, U.S.</u> Bankruptcy Court Person Who Was Paid <u>215 Dean A. McGee Ave 147</u> Number Street <u>Oklahoma City, OK 73102</u> City State ZIP Code Email or website address <u>Victor Manual Ramirez Morales</u> Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Filing Fee	<u>Date of Filing</u>	<u>\$338.00</u>
<u>Jubilee Credit Vista</u> Person Who Was Paid <u>12042 Blanco Rd 308</u> Number Street <u>San Antonio, TX 78216</u> City State ZIP Code Email or website address <u>Victor Manual Ramirez Morales</u> Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Triple Credit Report	<u>07/19/2023</u>	<u>\$65.00</u>

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**
 First Name Middle Name Last Name Case number (if known) _____

CC Advising, Inc

Person Who Was Paid

703 Washington Ave 200
 Number Street

Bay City, MI 48708

City State ZIP Code

Email or website address

Maria Elena Ramirez

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Credit Counseling Course

05/17/2023

\$25.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you _____

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
 (These are often called *asset-protection devices*.)

☒ No☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____ _____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No☒ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
True Sky Credit Union Name of Financial Institution	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	07/01/2023	\$0.00
XXXX- 3 8 0 9			
9301 S Western Ave Number Street			
Oklahoma City, OK 73139 City State ZIP Code			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street		
City State ZIP Code		
City State ZIP Code		

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez**

First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No



Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____		<div></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No



Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	<div></div>	_____
Number _____ Street _____ _____ City _____ State _____ ZIP Code _____		

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No



Yes. Fill in the details.

Debtor 1 **Victor** **Manuel** **Ramirez Morales**
 Debtor 2 **Maria** **Elena** **Ramirez** Case number (if known) _____
 First Name Middle Name Last Name

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____			_____
Number _____	Street _____		
City _____ State _____ ZIP Code _____			
City _____ State _____ ZIP Code _____			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____			_____
Number _____	Street _____		
City _____ State _____ ZIP Code _____			
City _____ State _____ ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____ Number _____ Street _____ Case number _____ City _____ State _____ ZIP Code _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Victory Remodeling
Name

24 SE 37th St
Number Street

Oklahoma City, OK 73129
City State ZIP Code

Describe the nature of the business

Construction

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper**Dates business existed**

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Debtor 1
Debtor 2**Victor**
Maria

First Name

Manuel
Elena

Middle Name

Ramirez Morales
Ramirez

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Victor Manuel Ramirez Morales
Signature of Victor Manuel Ramirez Morales, Debtor 1

Date 11/15/2023

X /s/ Maria Elena Ramirez
Signature of Maria Elena Ramirez, Debtor 2

Date 11/15/2023

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Victor	Manuel	Ramirez Morales
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western District of Oklahoma		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Santander Consumer USA	<input type="checkbox"/> Surrender the property. <input checked="" type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2020 Chevrolet Silverado Victor Ramirez drives this vehicle		
Creditor's name: Carrington Mortgage Services, Inc	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: LOTS ELEVEN (11) AND TWELVE (12) IN BLOCK FORTY-FOUR (44) 24 SE 37th St Oklahoma City, OK 73129-2808		

Debtor 1	Victor	Manuel	Ramirez Morales
Debtor 2	Maria	Elena	Ramirez
	First Name	Middle Name	Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes

Lessor's name: _____

☐ No

Description of leased property: _____

☐ Yes**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

/s/ Victor Manuel Ramirez Morales

Signature of Debtor 1

X

/s/ Maria Elena Ramirez

Signature of Debtor 2

Date 11/15/2023

MM/ DD/ YYYY

Date 11/15/2023

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Western District of Oklahoma

In re Ramirez Morales, Victor Manuel

Ramirez, Maria Elena

Case No. _____

DebtorChapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$1,262.00

Prior to the filing of this statement I have received \$1,262.00

Balance Due \$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Adversaries filed by Creditors, the US Trustee, or the case Trustee. Non Dischargeability actions brought by the US Trustee or the Case Trustee. Any action brought or filed as against the Debtor due to failure to disclose. Reaffirmation agreements will be facilitated, but not signed by the Attorney. Verification of inclusion of creditors is the sole responsibility of Debtor(s). Representation is complete as of the date of discharge.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/15/2023
Date

/s/ Timothy L Wallace
Timothy L Wallace
Signature of Attorney

Bar Number: 18889
Wallace Law Firm, P.C.
1112 S.W. 59th Street
Oklahoma City, OK 73109
Phone: (405) 688-4444

Wallace Law Firm, P.C.
Name of law firm

Date: 11/15/2023

/s/ Victor Manuel Ramirez Morales
Victor Manuel Ramirez Morales

/s/ Maria Elena Ramirez
Maria Elena Ramirez

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.☐ Married and your spouse is NOT filing with you. You and your spouse are:☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse												
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$5,317.97</u>	<u>\$2,135.10</u>												
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>												
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>												
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>	<div>Copy here →</div> <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>												
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$0.00</u>												
6. Net income from rental and other real property	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	<div>Copy here →</div> <u>\$0.00</u>
	Debtor 1	Debtor 2												
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>												
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>												
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>												
7. Interest, dividends, and royalties	<u>\$0.00</u>	<u>\$0.00</u>												

Debtor 1
Debtor 2Victor
Maria

First Name

Manuel
Elena

Middle Name

Ramirez Morales
Ramirez

Last Name

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

\$0.00

\$0.00

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: _____ ↓

For you..... \$0.00

For your spouse..... \$0.00

\$0.00

\$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+

\$5,317.97

+

\$2,135.10

= \$7,453.07

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here →

\$7,453.07

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$89,436.84

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Oklahoma

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... 13.

\$87,909.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Victor

Manuel

Ramirez Morales

Debtor 2

Maria

Elena

Ramirez

First Name

Middle Name

Last Name

Case number (if known) _____

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Victor Manuel Ramirez Morales

Signature of Debtor 1

Date 11/15/2023
MM/ DD/ YYYY**X** /s/ Maria Elena Ramirez

Signature of Debtor 2

Date 11/15/2023
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	<u>Victor</u>	<u>Manuel</u>	<u>Ramirez Morales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>Elena</u>	<u>Ramirez</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Western District of Oklahoma</u>		
Case number (if known)	<u></u>		

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing**Official Form 122A-2****Chapter 7 Means Test Calculation**

04/22

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here → \$7,453.07

2. Did you fill out Column B in Part 1 of Form 122A-1?

☐ No. Fill in \$0 for the total on line 3.☒ Yes. Is your spouse filing with you?☐ No. Go to line 3.☒ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

☒ No. Fill in 0 for the total on line 3.☐ Yes. Fill in the information below:**State each purpose for which the income was used**

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
	+

Total \$0.00 Copy total here.....→ - \$0.00

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$7,453.07

Debtor 1
Debtor 2

Victor
Maria
First Name

Case: 23-13050

Manuel
Elena
Middle Name

Doc: 1
Ramirez Morales
Ramirez
Last Name

Filed: 11/15/23

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Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to *you*, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,993.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$79.00

7b. Number of people who are under 65 X 4

7c. Subtotal. Multiply line 7a by line 7b. \$316.00

Copy here → \$316.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$154.00

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e. \$0.00

Copy here → + \$0.00

7g. Total. Add lines 7c and 7f.

\$316.00

Copy total here →

\$316.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities – Insurance and operating expenses**■ **Housing and utilities – Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses..... \$807.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses..... \$1,462.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
Carrington Mortgage Services, Inc	\$383.92
	+
Total average monthly payment	<u>\$383.92</u>

Copy here →– \$383.92

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than \$0, enter \$0.....

\$1,078.08**Copy here →**\$1,078.08

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$0.00

Explain why: _____

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☐ 1. Go to line 12.
☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$484.00

Debtor 1
Debtor 2

Victor
Maria
First Name

Manuel
Elena
Middle Name

Case: 23-13050 **Doc: 1** **Filed: 11/15/23** **Page: 72 of 82**
Ramirez Morales
Ramirez
Last Name

Case number (if known) _____

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1

Describe Vehicle 1: 2002 Honda SIX
Maria Ramirez drives vehicle

13a. Ownership or leasing costs using IRS Local Standard..... \$629.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

+ _____
\$0.00

Total average monthly payment

Copy here →

— \$0.00

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.....

\$629.00

Copy net Vehicle 1 expense here....→

\$629.00

Vehicle 2

Describe Vehicle 2: _____

13d. Ownership or leasing costs using IRS Local Standard..... _____

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

+ _____

Total average monthly payment

Copy here →

— _____

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. If this number is less than \$0, enter \$0.....

Copy net Vehicle 2 expense here....→

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$0.00

Debtor 1
Debtor 2

Victor
Maria
First Name

Case: 23-13050

Manuel
Elena
Middle Name

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Ramirez Morales
Ramirez
Last Name

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Case number (if known) _____

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** \$878.64
The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, selfemployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$120.48
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$3.96
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required: \$0.00
▪ as a condition for your job, or
▪ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** \$0.00
The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. \$0.00
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$6,310.16
Add lines 6 through 23.

Debtor 1
Debtor 2

Victor
Maria
First Name

Manuel
Elena
Middle Name

Case: 23-13050
Doc: 1
Ramirez Morales
Ramirez
Last Name

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Case number (if known) _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance		<u>\$434.00</u>
Disability insurance		<u>\$0.72</u>
Health savings account	+	<u>\$36.16</u>
Total		<u>\$470.88</u>

Copy total here → \$470.88

Do you actually spend this total amount?

- ☐ No. How much do you actually spend? _____
☒ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$0.00

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$0.00
By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. \$0.00
You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00
You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.
* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$0.00
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 126 U.S.C. § 170(c)(1)-(2). + \$0.00

32. **Add all of the additional expense deductions.** Add lines 25 through 31. \$470.88

Debtor 1
Debtor 2Victor
Maria

First Name

Manuel
Elena

Middle Name

Ramirez Morales
Ramirez

Last Name

Case number (if known) _____

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here→ \$383.92

Loans on your first two vehicles

33b. Copy line 13b here→ \$0.00

33c. Copy line 13e here→ \$805.00

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
_____	_____	<input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	<input type="checkbox"/> No	
_____	_____	<input type="checkbox"/> Yes	_____
			+ _____
			<u>\$1,188.92</u>
33e. Total average monthly payment. Add lines 33a through 33d.			Copy total here→ <u>\$1,188.92</u>

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = _____
_____	_____	_____	÷ 60 = _____
			+ _____
Total			<u>\$0.00</u>
			Copy total here→ <u>\$0.00</u>

35. Do you owe any priority claims such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... ÷ 60 = _____

Debtor 1
Debtor 2

Victor
Maria
First Name

Manuel
Elena
Middle Name

Doc: 1
Ramirez Morales
Ramirez
Last Name

Case: 23-13050 Filed: 11/15/23 Page: 76 of 82

Case number (if known) _____

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).

For more information, go online using the link for *Bankruptcy Basics* specified in the separate instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

☒ No. Go to line 37.

☐ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 _____

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). X _____

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 _____

Copy total
here →

37. Add all of the deductions for debt payment.

Add lines 33e through 36.....

\$1,188.92

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* **\$6,310.16**

Copy line 32, *All of the additional expense deductions* **\$470.88**

Copy line 37, *All of the deductions for debt payment* + **\$1,188.92**

Total deductions **\$7,969.96**

Copy total here..... → **\$7,969.96**

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, *adjusted current monthly income* **\$7,453.07**

39b. Copy line 38, *Total deductions*..... - **\$7,969.96**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a. **(\$516.89)**

Copy
here →

(\$516.89)

For the next 60 months (5 years) x 60

39d. **Total.** Multiply line 39c by 60.

(\$31,013.40)

Copy
here →

(\$31,013.40)

40. Find out whether there is a presumption of abuse. Check the box that applies:

☒ **The line 39d is less than \$9,075.00*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **The line 39d is more than \$15,150.00*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

☐ **The line 39d is at least \$9,075.00*, but not more than \$15,150.00*.** Go to line 41.

* Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment

Debtor 1
Debtor 2

Victor
Maria
First Name

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Middle Name

Ramirez Morales
Ramirez
Last Name

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Case number (if known) _____

41. 41a. **Fill in the amount of your total nonpriority unsecured debt.** If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.....

_____ x .25

- 41b. **25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).
Multiply line 41a by 0.25.

Copy
here →

42. **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.**

Check the box that applies:

☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*
Go to Part 5.

☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details about Special Circumstances

43. **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ **No.** Go to part 5.
- ☐ **Yes.** Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item.
You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances

**Average monthly expense
or income adjustment**

_____	_____
_____	_____
_____	_____
_____	_____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

/s/ Victor Manuel Ramirez Morales

Signature of Debtor 1

Date 11/15/2023

MM/ DD/ YYYY

X

/s/ Maria Elena Ramirez

Signature of Debtor 2

Date 11/15/2023

MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF OKLAHOMA
OKLAHOMA CITY DIVISION

IN RE: **Ramirez Morales, Victor Manuel**
Ramirez, Maria Elena

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/15/2023 Signature /s/ Victor Manuel Ramirez Morales
Victor Manuel Ramirez Morales, Debtor

Date 11/15/2023 Signature /s/ Maria Elena Ramirez
Maria Elena Ramirez, Joint Debtor

BANK OF AMERICA
PO BOX 982238
EL PASO, TX 79998

BBY/CBNA
PO BOX 6497
SIOUX FALLS, SD 57117

CAC FINANCIAL CORP
2601 NW EXPWY
OKLAHOMA CITY, OK 73112

CAPITAL ONE
PO BOX 31293
SALT LAKE CITY, UT 84131

Carrington Mortgage Services,
Inc
PO Box BOX 5001
Westfield, IN 46074

COMENITYBANK/VICTORIA
PO BOX 182789
COLUMBUS, OH 43218

COMENITYCAPITAL/BOOTBN
PO BOX 182120
COLUMBUS, OH 43218

Diagnostic Laboratory of
Oklahoma
PO Box BOX 7306
Hollister, MO 65673

Digestive Disease Specialists,
Inc
PO Box BOX 7316
Edmond, OK 73083

FORD MOTOR CREDIT COMP
PO BOX 542000
OMAHA, NE 68154

FREEDOM ROAD FINANCIAL
10509 PROFESSIONAL CIR S
RENO, NV 89521

Integris Health Southwest
Medical Center
4401 S. Western Ave
Oklahoma City, OK 73109

Internal Revenue Service
Centralized Insolvency Operation
Po Box 7346
Philadelphia, PA 19101-7346

LVNV FUNDING LLC
PO BOX 1269
GREENVILLE, SC 29602

Mercy Oklahoma
PO Box BOX 2580
Springfield, MO 65801

MIDLAND CREDIT MANAGEM
320 E BIG BEAVER RD STE
TROY, MI 48083

Northwest Medical Center
609 W Maple Ave
Springdale, AR 72764

Oklahoma Tax Commission
General Counsel's Office
2501 N Lincoln Blvd
Oklahoma City, OK 73105-4508

OU Health Physicians
P.O. Box 248982
Oklahoma City, OK 73124

PARAMOUNT RECOVERY S
7524 BOSQUE BLVD
WACO, TX 76712

Regional Medical Laboratory
93330 E 41st Street
Tulsa, OK 74145

Santander Consumer USA
PO Box BOX 961288
Fort Worth, TX 76161

SSM St. Anthony Hospital
1000 N Lee Ave
Oklahoma City, OK 73102

TRUE SKY CU FKA FAA CU
10201 S WESTERN AVE
Oklahoma City, OK 73139

U S EMP OC FCU
4301 S INTERSTATE 44 SER
OKLAHOMA CITY, OK 73119